

## APPEAL FOR NURSES AND MIDWIVES

Trained nurses are urgently required for the care of Service casualties from France and Belgium who are being received in increasing numbers in Emergency Medical Service hospitals, which must also be prepared for air raid casualties. All trained nurses who are not already nursing in hospitals or engaged in public health work or at first-aid posts are asked to offer themselves for whole-time work in any hospital in Great Britain to which they may be sent. The rate of pay is £90 a year for trained nurses, £55 for assistant nurses, plus board, lodging, and laundry (charge sisters have an extra allowance). Those who enrol now are guaranteed at least twelve months' employment. Applicants in London should write, telephone, or apply in person with full particulars of their qualifications, age, earliest date of availability, and part of country in which, if possible, they prefer to serve, to the Ministry of Health, Romney House, Marsham Street, London, S.W.1 (telephone Abbey 2595). In other parts of England and Wales they should apply to the medical officer of health of their county or county borough, or, if they prefer, to the Ministry at the address just given. Applicants in Scotland should apply to the Civil Nursing Reserve, 40, Melville Street, Edinburgh, 3. Those who have already joined the Reserve but have not hitherto been able to offer whole-time service wherever they are sent are asked to reconsider their decision.

It is announced that the Secretary of State for War has consented to the release of a large number of mobile V.A.D.s, hitherto under obligations to the Army, so that they may be free to join the Civil Nursing Reserve as nursing auxiliaries, prepared to serve whole-time in any emergency hospital in Great Britain to which they may be sent. The V.A.D. Council is notifying individual members of their release from Army obligations, and the detailed arrangements necessary to secure their being added to the roll of the Civil Nursing Reserve. V.A.D.s who enrol in the Reserve at once will be eligible for twelve months' continuous employment on being called up for service in a casualty hospital.

The Minister of Health and the Secretary of State for Scotland have issued an announcement to all qualified midwives in England and Wales under the age of 55 who have done midwifery within the last ten years and who are not now in full-time employment, asking whether they would be willing, if called upon, to accept a salaried residential post at short notice in a maternity home in a reception area. Offers of service should be made to the Central Midwives Board, 73, Great Peter Street, Westminster, S.W.1 (telephone No. Abbey 2414), or to the Central Midwives Board for Scotland, Royal College of Surgeons, 18, Nicholson Street, Edinburgh. The following particulars should be given: Full name and address, and telephone number if any, age and experience saying whether the midwife is a general trained nurse, the number of the C.M.B. certificate, the counties in which she would be willing to work, and the length of notice she would need before taking up duty.

The annual report of the Board of Management of the Manchester Royal Infirmary states that the war has meant a diversion of effort and a multitude of tasks that could not have been visualized in past years. A small drop in the number of patients treated was caused by the necessity for keeping a number of beds empty for a time. Some 400 were reserved for air raid casualties, so that the average number of occupied beds for the year fell from 549 in 1938 to 485 in 1939, and the cost per occupied bed rose from £210 0s. 2d. to £251 4s. 11d. Ordinary expenditure amounted to £155,264, compared with £149,443 in 1938. The net deficit for the year was £14,474, and would have been much greater but for the receipt of £10,233 from the Ministry of Health for beds reserved for a time for possible air raid casualties. Air raid precautions at the hospital and the convalescent home cost £3,980, and the provision of additional supplies as a reserve for war emergencies cost some £3,000.

## SCIENTIFIC ADVISORY COMMITTEE ON FOOD

Mr. Attlee, Lord Privy Seal, as chairman of the Food Policy Committee of the War Cabinet, has set up a committee "to consider and advise upon problems of national food requirements and of home food production with special regard to the shipping and foreign exchange likely to be available for imports of food and animal feeding-stuffs, and the labour and other resources likely to be available for home production." The chairman of the new committee is Sir William Bragg, President of the Royal Society, and the deputy chairman is Sir Alan Garrett Anderson. The other members are: Professor A. W. Ashby, of the Department of Agricultural Economics, University College of Wales, Aberystwyth; Professor E. P. Cathcart, M.D., F.R.S., regius professor of physiology, Glasgow University; Mr. Henry Clay, former economic adviser to the Bank of England; Professor F. L. Engledow, F.R.S., who holds the chair of agriculture at Cambridge; Mr. W. Gavin, agricultural adviser to the Ministry of Agriculture; Sir Edward Mellanby, M.D., F.R.S., secretary of the Medical Research Council; Sir John Boyd Orr, M.D., F.R.S., director of the Rowett Research Institute, Aberdeen; and Professor J. A. Scott-Watson, who holds the chair of rural economy at Oxford. The secretary of the committee is Professor D. S. M. Watson, F.R.S., member of the Agricultural Research Council.

## C.S.M.M.G. MASSAGE CORPS

In 1937 the council of the Chartered Society of Massage and Medical Gymnastics first gave thought to the way in which its members could best serve their country in time of war or national emergency. The result of such deliberation was a decision to organize a massage corps, and to this end a committee was appointed.

The original members of the committee were the Lady Essex French, Dr. J. Sainsbury, and two members of the society's council. Later others joined the committee to give specialized advice and for liaison purposes: Dr. L. D. Bailey (chairman of the council), Mr. R. C. Elmslie, F.R.C.S., Dr. A. W. Moore (Ministry of Pensions), Sir Robert Stanton Woods (Consultant Adviser in Physical Medicine to the Ministry of Health), Miss Lacé (Ling Association), and a member of the society to represent the male members and members in private practice.

### Enrolment and Organization

The committee decided to send an explanatory leaflet and enrolment form to every member of the society. This met with an immediate response; since that time some 6,000 members have enrolled in the corps. Members were invited to enrol in three sections: mobile, for service at home or abroad; immobile, for service in their own town or city; or in a special section, for those already attached to hospitals or units which will require their services in time of war.

The country was then divided into regions as adopted by the Ministry of Health for hospital services, and a regional organizer appointed in each. These organizers have worked indefatigably in first endeavouring to obtain the enrolment of every member in their region and then organizing refresher courses. Many of these courses have been held and have been of the greatest benefit to members. The Massage Corps in Scotland is organized by a Scottish committee, but the whole organization comes under the control of the Director of the Massage Corps and the committee at headquarters. Members have been graded according to their experience and qualifications, taking into account special experience in such subjects as plaster work, orthopaedic work, etc.

The Ministry of Health has accepted the Massage Corps as the enrolling body for massage personnel, and at the suggestion of the Ministry a supplementary list has been set up for the enrolment of certain qualified masseurs/masseuses who are not members of the Chartered Society. The Massage Corps works in close co-operation with the British Red Cross

Society, who have undertaken that massage vacancies in their hospitals and clinics will only be filled by members of the Chartered Society.

The allocating of members of the corps will be carried out by a small Allocation Committee working in co-operation with the regional organizers. The corps has its own uniform, armlet, and badges. The wearing of the full uniform is optional, but every member is urged to wear the armlet and brooch badge.

## THE KING'S FUND AND RADIOTHERAPY

### A CONSULTING PANEL OF PHYSICISTS

Since the gift of a large sum of money to the King Edward's Hospital Fund by Sir Otto Beit in 1928 for the purchase of radium for use in the treatment of cancer the Fund has taken an ever-increasing practical interest in the work associated with this and other gifts especially reserved for radium.

When the National Radium Commission came into being in 1929, working arrangements were soon made between it and the Fund whereby the latter body became responsible for seeing that the radium needs of the Metropolitan area were satisfied; and there has, from the start, been the friendliest co-operation between them relating to the special requests of the Commission for reliable data upon the radium treatment of cancer in London. In the developments of the last three years the Fund has been assisted by an expert Radium Committee, now presided over by Sir Cuthbert Wallace. Recently this committee has been considering in what way radiological treatment could be improved, and the Fund has approved the formation of a Panel of Consultant Physicists. The helpful co-operation of institutions where there are groups of physicists specially concerned with radiological treatment has facilitated the establishment of such a panel, and the King's Fund highly appreciate their action. The chief reason that has led to this step is the realization that radiotherapy should be, can be, and is at some centres carried out on a quantitative basis, and that for this purpose the services of a physicist are necessary.

The panel is designed to serve the needs of the many hospitals in which radium and x-ray treatment is carried out, but at which the employment of a physicist is precluded by expense and the staff have no such assistance. These hospitals will be free to use the services of the physicists on the panel, whose task would not be to prescribe doses of radiation (x-ray or radium)—which is the province of the medical radiologist—but to advise upon all those considerations which have to be taken into account before the prescribed dose is given to the patient. It is here that the physicist helps to put the treatment on a quantitative basis. A big field of usefulness lies, too, in the checking and calibration of the wide range of instruments used in radiotherapy.

The groups of physicists constituting this panel are as follows:

- Dr. H. T. FLINT and colleagues,  
Physics Department, Westminster Hospital, S.W.1.
- Mr. L. G. GRIMMETT and colleagues,  
Physics Department, Radium Beam Therapy Research,  
Radium Institute, Ridinghouse Street, W.1.
- Professor F. L. HOPWOOD and colleagues,  
Physics Department, St. Bartholomew's Hospital, E.C.1.
- Dr. W. V. MAYNEORD and colleagues,  
Physics Department, Royal Cancer Hospital,  
Fulham Road, S.W.3.
- Professor S. RUSS and colleagues,  
Physics Department, Middlesex Hospital, W.1.

## Reports of Societies

### AGRANULOCYTOSIS AFTER SULPHONAMIDE THERAPY

At the last meeting of the Section of Obstetrics of the Royal Academy of Medicine in Ireland, with the President, Dr. R. M. CORBET, in the chair, Dr. A. W. SPAIN read a paper on agranulocytosis following chemotherapy, which is published this week at page 930.

Professor J. McGRATH said the blood count clearly indicated a severe anaemia with agranulocytosis. The question arose whether the condition was primary idiopathic or secondary agranulocytosis. Although the former could occur at almost any age, it was rare before the age of 40, and the progress of this case showed that it was a fulminating acute condition—rare in the idiopathic type. Furthermore, the malaise, fever, and sore throat had followed the blood condition. Sulphonamide drugs had been given, although apparently in small and safe amounts. There was no evidence of gingivitis or vaginal inflammation. The statement made by Whitby and Briton that an absolute increase in the monocytes suggested a good prognosis had not been borne out in this case. Agranulocytosis might also be caused by other drugs—notably amidopyrine, barbiturates, benzol, atophan, quinine, arsenic. It was clear from various observations on the amidopyrine-barbiturate group that a sensitizing dose was necessary. Where there was an idiosyncrasy this sensitizing dose might be small (15 to 30 grains). Once a patient was sensitized, a small (5 grain) further dose might precipitate a fulminating attack of agranulocytosis. This had not been proved, but might very likely be also true of the sulphonamides. If it were true, then clearly the dosage mentioned (30 to 50 grammes) as being necessary to produce agranulocytosis might in many cases be too high. This illustrated another danger—that of allowing such potentially dangerous drugs to be sold without control. A few tablets taken for a sore throat on casual medical advice, or without advice at all, might ultimately result in the sensitization of a number of persons. Even the intensive short course (three days—18 grammes) method of administration might not avoid disaster in these cases. Colebrock had stated that the dangerous period with the sulphonamides was about the sixth to seventh day after the beginning of a course. This had been borne out in the present case. Professor McGrath said he had been unable to obtain any clear record whether the danger of sulphonamide therapy was the total amount given at one time or the concentration attained in the blood. There was some indication that metabolism and excretion might be hindered in some persons, with the result that the concentration in the blood became unduly high.

The Master of the Rotunda Hospital, Dr. A. DAVIDSON, said he had never seen a case similar to Dr. Spain's. He had seen one or two very bad reactions to prontosil in the way of rashes, vomiting, sickness, and drug fever; he personally thought that sulphapyridine was more dangerous than prontosil. The public had a great knowledge of M & B 693 (sulphapyridine) and were inclined to use it without medical supervision. He wondered if in Dr. Spain's case there had been a generalized infection as well as the local condition. Dr. E. T. FREEMAN referred to a case somewhat similar to Dr. Spain's, which he had seen three years ago. The patient had had a sore throat for twenty-four hours and had been given three prontosil tablets the night before he had seen him. He then was extremely ill, with a fast pulse and a temperature of 104° F. He thought that the patient might possibly be suffering from agranulocytosis, but was not at all certain. That evening he developed jaundice. The patient had been in the habit of taking odd tablets, and after his death a drawer full of pyramidon tablets had been found in his bedroom. Dr. J. S. QUIN mentioned a case somewhat similar to Dr. Spain's, in which the patient had been given four tablets of M & B 693 (sulphapyridine) for a mild urinary infection. A blood count had been done at the end of twenty-four hours

In the city of Rio de Janeiro there are thirteen hospitals with a total of 4,143 beds, two out-patient departments, and five dispensaries available for the gratuitous treatment of the population. The State of Rio de Janeiro contains a further ten hospitals with 3,915 beds.